PART B - FEE(S) TRANSMITTAL

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BAKER & DANIELS 111 E. WAYNE STREET SUITE 800 FORT WAYNE, IN 46802 /09/2004 ZJUHAR2 00000042 10041119		HOV O 8 2004		L hereby certify the States Postal Servaddressed to the transmitted to the Michael	1	Transmission is being deposited with the United for first class mail in an envelope ddress above, or being facsimile in the date indicated below. (Depositor's name)				
FC:1501	1370.00 OP			Wa	lend of the	(Signature)				
FC:1504 FC:8001	300.00 OP 45.00 OP			Novembe						
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED		ATTORNEY DOCKET					
10/041,119	01/08/2002		Kim R. F		ZIM0070/ZM04					
OR CONTAMINATED TISS		ON PROVIDING	IRRIGATION	AND MECHANICAL S	CRUBBING FOR REMO	VAL OF DEAD, DEVITALIZED,				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DU	E DATE DUE				
nonprovisional	NO	-\$133(1370-	\$300	-\$1630 1670	12/09/2004				
EXAM	INER	ART UNIT		CLASS-SUBCLASS						
MAIORIN	io, roz	3763	1	604-035000						
Address form PTO/SB/12	ence address (or Change of	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT	(print or type)						
PLEASE NOTE: Unless recordation as set forth in	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNE	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
ZIMMER ORT	THOPAEDIC SU	RGICAL P	RODUCT	S, INC.	Dover, Ohi					
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pa	itent): 🗖 Individual 🗴	Corporation or other pri	vate group entity Government				
4a. The following fee(s) are o	enclosed:	41	. Payment of I	Fee(s):						
Issue Fee A check in the amount of the fee(s) is enclosed.										
Publication Fee (No sr	nall entity discount permitte	ed)	_ •	by credit card. Form PTO-		(A) P.				
And Advance Order - # of	Copies 13		Deposit Acco	ount Number <u>02-03</u>	by charge the required fee 8.8.5 (enclose an	e(s), or credit any overpayment, to extra copy of this form).				
5. Change in Entity Status (a. Applicant claims SN	from status indicated above MALL ENTITY status. See		b. Applica	ant is no longer claiming S	SMALL ENTITY status. Se	ee 37 CFR 1.27(g)(2).				
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	s requested to apply the Issi ablication Fee (if required) v rds of the United States Pate	ue Fee and Publica will not be accepte ent and Trademark	tion Fee (if any d from anyone Office.	y) or to re-apply any prev other than the applicant; a	iously paid issue fee to the a registered attorney or age	application identified above. nt; or the assignee or other party in				
Authorized Signature	Wenters)		2>	Date	November 5,	2004				
Typed or printed name Michael D. Schwartz Registration No. 44,326										
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.										

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Langer Entity) (37 C.F.R. 1.311)					Docket No. ZIM0070-01		
Applicant(s): Kim R. Harmon et al.							
Application No. 10/041,119	Filing Date January 8, 2002	Examine R. Maiori	no	Customer No. 00832	Group Art Unit 3763	Confirmation No. 4480	
Invention: DEBRIDEMENT EXTENSION PROVIDING IRRIGATION AND MECHANICAL SCRUBBING FOR REMOVAL OF DEAD, DEVITALIZED OR CONTAMINATED TISSUE FROM A WOUND							
Mail Stop Issue Fee COMMISSIONER FOR PATENTS <u>P.O. Box 1450</u> Alexandria, VA 22313-1450							
	th are the following fo		ed application	on.			
Issue Fee TraceIssue Fee Trace<	sinsmittal Form PTOL- <u>\$ 1370.00</u> ee: \$ 300.00	<u>_</u>			Plant Fee:		
	 ☑ A check in the amount of \$1,715.00 is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 02-0385 as described below. 						
	edit any overpayment						
	arge any additional fe						
Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: November 5, 2004							
Michael D. Schwartz, Reg. No. 44,326 BAKER & DANIELS 111 East Wayne Street, Suite 800							
Fort Wayne, IN 46802							
cc:							
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(Date)	Signature		1.8(a)] d	ovember 5, 2004 (Pate)	Son Mailing Correspo		
	Signature				ael D. Schwartz		
Typed or Pri	nted Name of Person Signin	g Certificate	Тур		of Person Mailing Co	orrespondence	

PTO/SB/17 (10-03)
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FEE TRANSI	VITTAL	Complete if Known				
		Application Number	10/041,119			
for FY 20	JU5	Filing Date	January 8, 2002			
Effective 10/01/2004. Patent fees are sub	ject to annual revision.	First Named Inventor	Kim R. Harmon et al.			
Applicant claims small entity status.	See 37 CFR 1.27	Examiner Name	R. Maiorino			
	Ι	Art Unit	3763			
TOTAL AMOUNT OF PAYMENT	(\$) \$1,715.00	Attorney Docket No.	ZIM0070-01			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Other None	3. ADDITIONAL FEES							
Deposit Account:	Large F	ntity Fee	Small Fee	Entity Fee	-	Dagasimtia		For Dold
Deposit	Code	(\$)	Code	(\$)	Surcharge - late	Descriptio		Fee Paid
Account Number 02-0385	1051	130	2051		•	_		
Deposit DANIEL C	1052	50	2052	25	sheet	provisional	filing fee or cover	
Account Name BAKER & DANIELS	1053	130	1053	130	Non - English sp	ecification		
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a reque	est for <i>ex pa</i>	rte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publi	ication of SI	R prior to Examiner	
Charge any additional fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*		ication of SI	R after Examiner	
Charge fee(s) indicated below, except for the filling fee			2251		action Extension for rep			
to the above-identified deposit account.	1251	110			Extension for rep	•		
FEE CALCULATION	1252	430	2252			•		
1. BASIC FILING FEE	1253	980	2253		Extension for rep			
Large Entity Small Entity	1254		2254		Extension for rep	•		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid		2,080	2255		Extension for rep		in monin	
1001 790 2001 395 Utility filing fee	1401	340	2401		Notice of Appea			
1002 350 2002 175 Design filing fee	1402	340	2402		Filing a brief in s		n appeal	
1003 550 2003 275 Plant filing fee	1403	300	2403		Request for oral	-		
1004 790 2004 395 Reissue filing fee		1,510		•	Petition to institu			
1005 160 2005 80 Provisional filing fee	1452	110	2452		Petition to revive			
SUBTOTAL (1) (\$)		1,370	2453		Petition to revive		onal	
2. EXTRA CLAIM FEES FOR UTILITY AND		1,370	2501		Utility issue fee			1,370.00
Fee from	1502	490	2502	245	Design issue fee	9		
Extra Claims below Fee Paid		660	2503		Plant issue fee			
		130	1460	130	Petitions to the	Commission	er	
Claims Multiple Dependent	1807	50	1807	50	Processing fee u		•	
Large Entity Small Entity	1806	180	1806	180	Submission of Ir Statement	nformation D	Disclosure	
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Recording each (times number o		gnment per property	
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submiss (37 CFR § 1.12	ion after fina	*	
1201 88 2201 44 Independent claims in excess of 3	1810	790	2810	395	For each additio	nal inventio	n to be examined	
1203 300 2203 150 Multiple dependent claim, if not paid	4004	700	2004	205	(37 CFR § 1.12 Request for Con		nination (PCE)	
1204 88 2204 44 ** Reissue independent claims over original patent	1801	790	2801		Request for exp			
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	of a design appl	ication	iii ation	
and over original patent	Oth	er fee (specify)	Pub	Fee \$300/Advance	Copies \$45		345.00
SUBTOTAL (2) (\$) \$0.00								
**or number previously paid, if greater; For Reissues, see above	*Red	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) \$1,71					31,715.00	
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Michael D. Schovariz		Registra 'Attorney	ation No //Agent)).	44,326	Telephone	260-424-8	000
	/ /							

November 5, 2004 Signature

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